









3

**BID PROPOSAL FORM**  
**VENDOR MUST COMPLETE**  
(BIDDER SHALL INCLUDE AN ADDITIONAL PROPOSAL SHEET IF NEEDED)

WE THE UNDERSIGNED PROPOSE TO PROVIDE COVID-19 TESTING TO THE CITY OF TRENTON RESIDENTS SERVICES PURSUANT TO THE BID SPECIFICATION AND MADE PART HEREOF:

All proposals should indicate the cost to be incurred for each test, inclusive of the test kit costs, the amount to be charged for any personnel to administer the test. The Bidder shall bill the subject's health insurer directly for the services to be performed. The bid price should specify the costs to be paid for by the City, and the costs to be billed to the insurers. The City will not be responsible for costs reimbursable by insurance, and the Bidder.

COST PER TEST

\$ Model 1 (Cost + 14%) Model 2 \$89



(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of Florida \_\_\_\_\_ having its principal office at 1515 NW 167th St., Suite 410, Miami Gardens FL 33169

COMPANY Niznik Lab Corp

ADDRESS 1515 NW 167th St., Suite 410, Miami Gardens FL 33169

ADDRESS \_\_\_\_\_

FED. IC \_\_\_\_\_

NAME Humberto Buniotto

TELEPHONE (786) 780-1729

FAX 305-930-7437

EMAIL hbuniotto@nlclabs.com

DATE 8/25/2020

SIGNATURE 



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**COST PER TEST** \$ 90.00  
  
 \_\_\_\_\_  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of  
 NEW JERSEY \_\_\_\_\_ having its principal office at 828 N. Olden Ave Trenton, NJ 08638

**COMPANY** KAPLAN GROUP LLC DBA MEDICAL HOME PHARMACY

**ADDRESS** 828 N. Olden Ave Trenton, NJ 08638

**ADDRESS** \_\_\_\_\_

**FED. ID** \_\_\_\_\_

**NAME** OMER UGUR

**TELEPHONE** 609-989-1400

**FAX** 609-482-4996

**EMAIL** KAPLANGROUP828@GMAIL.COM

**DATE** 8/31/2020

**SIGNATURE** \_\_\_\_\_





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**COST PER TEST** \$ 100.00

  
 \_\_\_\_\_  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of Michigan having its principal office at 39595 West 10 Mile Road, Suite 102 Novi, MI 48375

**COMPANY** AS Management & Leasing LLC

**ADDRESS** 39595 West 10 Mile Road, Suite 102 Novi, MI 48375

**ADDRESS** \_\_\_\_\_

**FED. ID** \_\_\_\_\_

**NAME** Michael Ketslakh

**TELEPHONE** 248-739-9717

**FAX** 248-476-7462

**EMAIL** mketslakh@ndswellness.com

**DATE** 9/1/20

**SIGNATURE**  \_\_\_\_\_



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**BID PROPOSAL FORM**  
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COST PER TEST \_\_\_\_\_ \$ 175 \_\_\_\_\_

\_\_\_\_\_  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of Texas \_\_\_\_\_ having its principal office at 6827 Communications Pkwy, Suit 320, Plano TX 75024

COMPANY WellHealth Management, LLC \_\_\_\_\_

ADDRESS 6827 Communications Pkwy, Suite 320, Plano TX 75024 \_\_\_\_\_

ADDRESS \_\_\_\_\_

FED. ID: \_\_\_\_\_


NAME Amir Kuzbari \_\_\_\_\_

TELEPHONE (469) 363-3593 \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL amir@wellhealthstudio \_\_\_\_\_

DATE 8/18/20 \_\_\_\_\_

SIGNATURE  \_\_\_\_\_



4. Financials and Proposed Terms

a. Pricing

This Per-Unit Price includes the cost of operating the lab in New Jersey. It does not require additional capital investment, and is inclusive of operating the lab, including staffing, test collection, logistics, consumables and test kits.

	<b>At-Home</b>	<b>On-Site (Vault-Managed)</b>	<b>On-Site (City-Managed)*</b>
Test Device and Lab Processing	\$74.00	\$74.00	\$74.00
Shipping and Logistical Costs	\$27.24	\$2.70	\$2.70
Supervised Test Collection	\$10.00	\$15.00	\$0.00
Physician Ordering & Results Reporting	\$5.00	\$5.00	\$5.00
Technology and Operational Support	\$15.00	\$15.00	\$15.00
<b>Total Per-Unit Price</b>	<b>\$131.24</b>	<b>\$111.70</b>	<b>\$96.70</b>

\* Test kits provided to public and private locations where testing programs are administered.

b. Billing

The Customer will receive an invoice upon receipt of a verified order for the aforementioned tests, and such invoice will be payable upon the earlier of (i) 30 days from the date of invoice and (ii) the date that such ordered test kits are shipped. Vault medical will make every effort during the test registration process to collect valid insurance information for each individual test. Any resident that does not have insurance, or for any test not reimbursed in part or in full, will be paid in full by the city.

Test kits are non-refundable. Unused test kits ordered by residents do not expire until January, 2022. A prepaid UPS priority overnight label is included in the at-home test kit package and may be used anytime. The lab will process any test tube that arrives in the overnight pouch. Separately, if residents issued a test code (prepaid one-time use web links) do not order an at-home kit in a specified period of time, they may be deactivated, requiring the resident to return to the City for another code.

c. Timeline

IBX and Vault Medical are actively operating and providing access to SARS-CoV-2 testing across 17 industries throughout all 50 states, the District of Columbia, and Puerto Rico. Vault Medical has capacity for 20,000 synchronous audio-visual interactions daily and can scale to a pre-negotiated number of on-site visits per day. IBX has current daily capacity for 50,000 tests, increasing to 80,000 tests daily by the end of July, and will scale beyond that as a function of demand and capital investment. Addition of testing capacity, which is typically done in 10,000 test/day increments and can be done in multiplicate (i.e. 20,000, 30,000, etc. tests daily simultaneously), requires approximately 6-8 weeks lead time.

# Price Estimate

This price estimate reflects our understanding of the different components involved and may be revised upon further clarification of details to meet the City’s needs:

Program-wide Service	Fee
Per PCR Test includes Supplies (Billed to insurance for symptomatic and exposed patients)	\$100
Physician Oversight for Ordering & Results Interpretation Per PCR Test	\$15*
Daily Site Operations including mobile unit and staffing (At least two days between M-F 8am – 6pm). <ul style="list-style-type: none"> <li>• Cost is per day regardless of number of week days.</li> <li>• Assumes 1 collector, 2 processors, and 1 event site manager; this team can handle approx. 100 collections/day/site</li> </ul>	\$2,720
Site Move & Mobile Unit Set Up (City charge each time site relocates)	\$1,125
Call Center Support (Outbound) Per 13,000 Result Calls for 130 Working Days	\$30,000

\* Additional fee per test for providing physician oversight for each order

Cost per Test Analysis**	Fee
Net cost to collect, oversee, test, and result out 100 patients (excludes call center operations)	\$153
Cost per test billed to patient insurance (CMS limit)	\$100
Cost per test billed to City	\$53

\*\* Illustrative only. Above figures are estimates based on information available in RFP; subject to finalization during bilateral planning phase between Quest and the City and may be subject to minimum charges (i.e. cost to set up a mobile site are somewhat fixed for a certain range of patient volume, which will impact cost per test).

**Notes:**

- PCR testing charges will be billed directly to Medicare or Medicaid or other 3rd party insurance. We will need the insurance information. All other expenses including medical oversight will be billed directly to the city.
- Quest will provide necessary PPE, supplies, and kits for the site
- Trenton will provide site permits; if any cost to Quest, such expenses will be passed on to the City